



Initial Information Display

20A

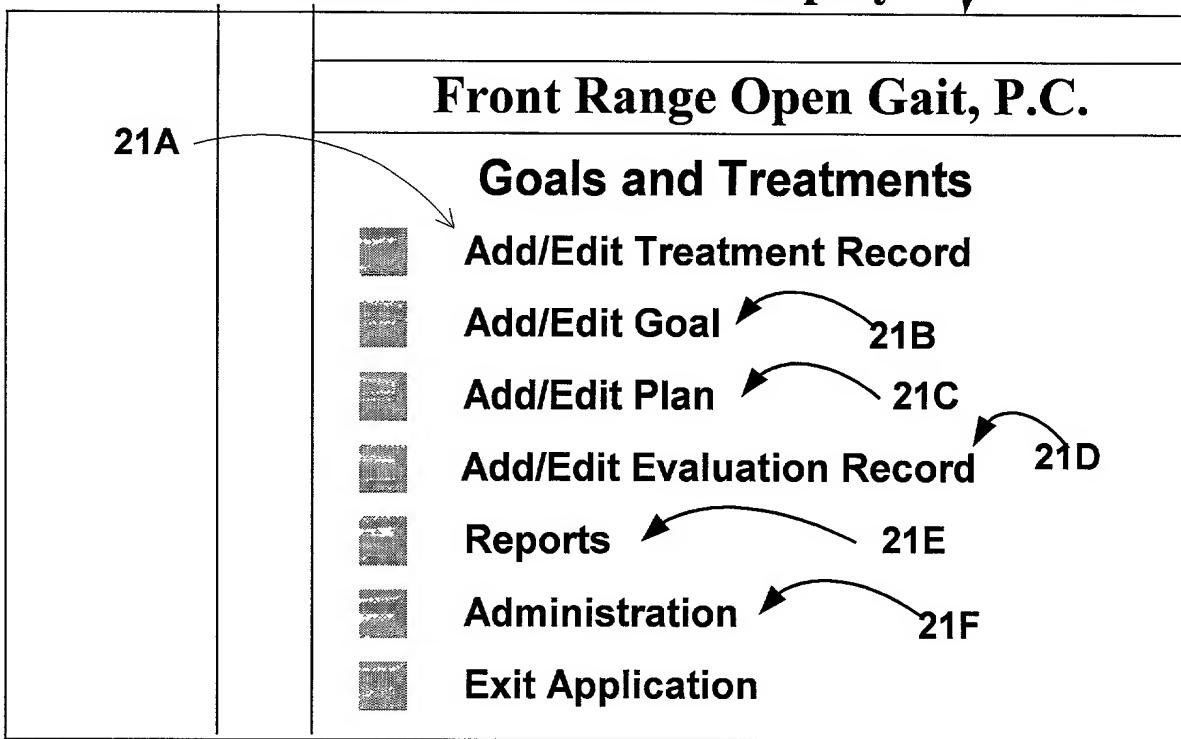


FIG. 2A
Reports Information Display

20B

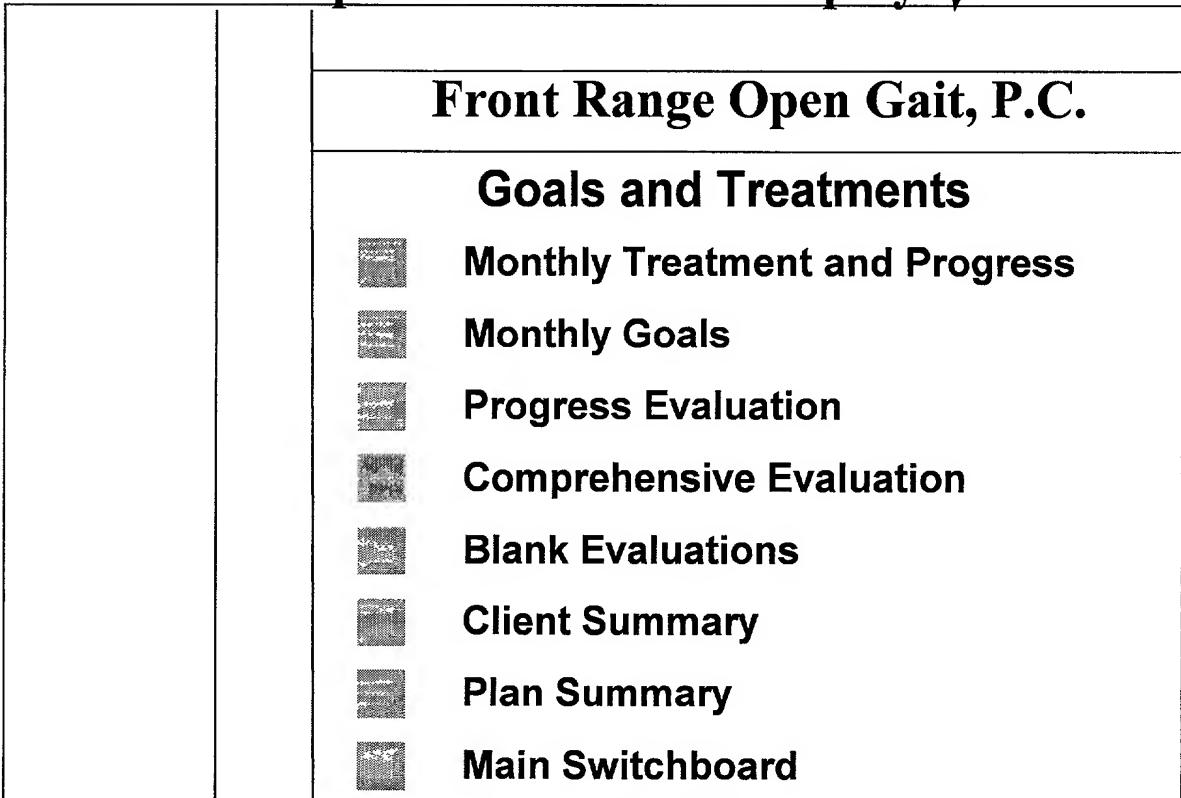


FIG. 2B



Administrative Information Display

20C

Front Range Open Gait, P.C.

Goals and Treatments

Add/Edit Patient

Add/Edit Doctor

Add/Edit Therapist

Add/Edit Insurance Company

Updates from Medisoft

Practice Information

Evaluation Administration

Main Switchboard

FIG. 2C

Evaluation/Administration Display

20D

Front Range Open Gait, P.C.

Goals and Treatments

Add/Edit Evaluations

Add/Edit Categories

Add/Edit Tools

Add/Edit Tests

Main Switchboard

FIG. 2D



25A

Date Entry Initials:

Speech Pathology		Physical Therapy		Occupational Therapy		
<i>Evaluation Codes by Discipline</i>						
Speech Evaluation	92506	Physical Therapy Eval.	97001	Occupational Therapy Eval.	97003	
Therapy Session						
Speech Treatment	92507				Direct Therapeutic Activities	97503
<i>Functional Codes</i>						
<i>Modalities</i>						
G Codes - by report		Traction	97012	Exercise		
		Electrical Stimulation	97014	Aquatic Therapy	97113	
Speech Group Therapy	92508					
<i>MODIFIERS</i>						
Distinct Procedural Service	77mcd/59	Functional Codes			Missed Appointments	
		Aquatic Therapy	97113	Cancelled by Therapist	1000	
EPSDT CLINIC ONLY		Exercise			Cancelled by Patient	1100
Physical Test & Measurement	97750	Massage	97124	NO SHOW	1110	
Office Procedures		Gait/Lower Quarter				
Office Visit	99211	Gait Training	97116			
Consultation	99241					
Miscellaneous Codes						
Unlisted Procedure	99070					
		Equipment/Community Codes				
Location		ADL Self Care Management	97535			
<input type="checkbox"/> CLINIC						
<input type="checkbox"/> CLIMBING WALL					Signature:	
<input type="checkbox"/> HOME					Witness	
		ICDM 9 Codes:				
OTHER		Therapist Signature:		License #		

FIG. 2E

Time In:
Time Out:



26g

Comments: → **26L**

Goals Addressed during Treatment Session	Appropriate CPT Descriptor	Skilled Intervention Used to Address Goals:	Progress Toward Goal During/After Treatment:
		28A	29A
	Speech Therapy		
	Re-Evaluation/ Consultation		
	Cognitive Skill		
	Sensory Integration		
	Direct Activity		
	Aquatic Therapy		
	Community Rehab	28B	29B
	Swallowing Treatment		
	Gait Training		
	Orthotics/Splinting		
	Wheelchair/ Equipment		
	Assistive Technology	28C	29C
	Manual Ther - P.T.		
	Therapeutic Exercise		
Teaching Response:			
Change in Plan:			
56CH		Therapist Signature: License #: _____ Date Transcribed: _____ Initials: _____	

FIG. 2F



31A

All records

Treatment Date **27-Dec** Session Length **15**

Patient Therapist

Goal **36A**

Progress **38A**

31B

All records

Treatment Date **11-Sep** Session Length **15**

Patient Therapist

Goal **36B**

Progress **38B**

FIG. 3

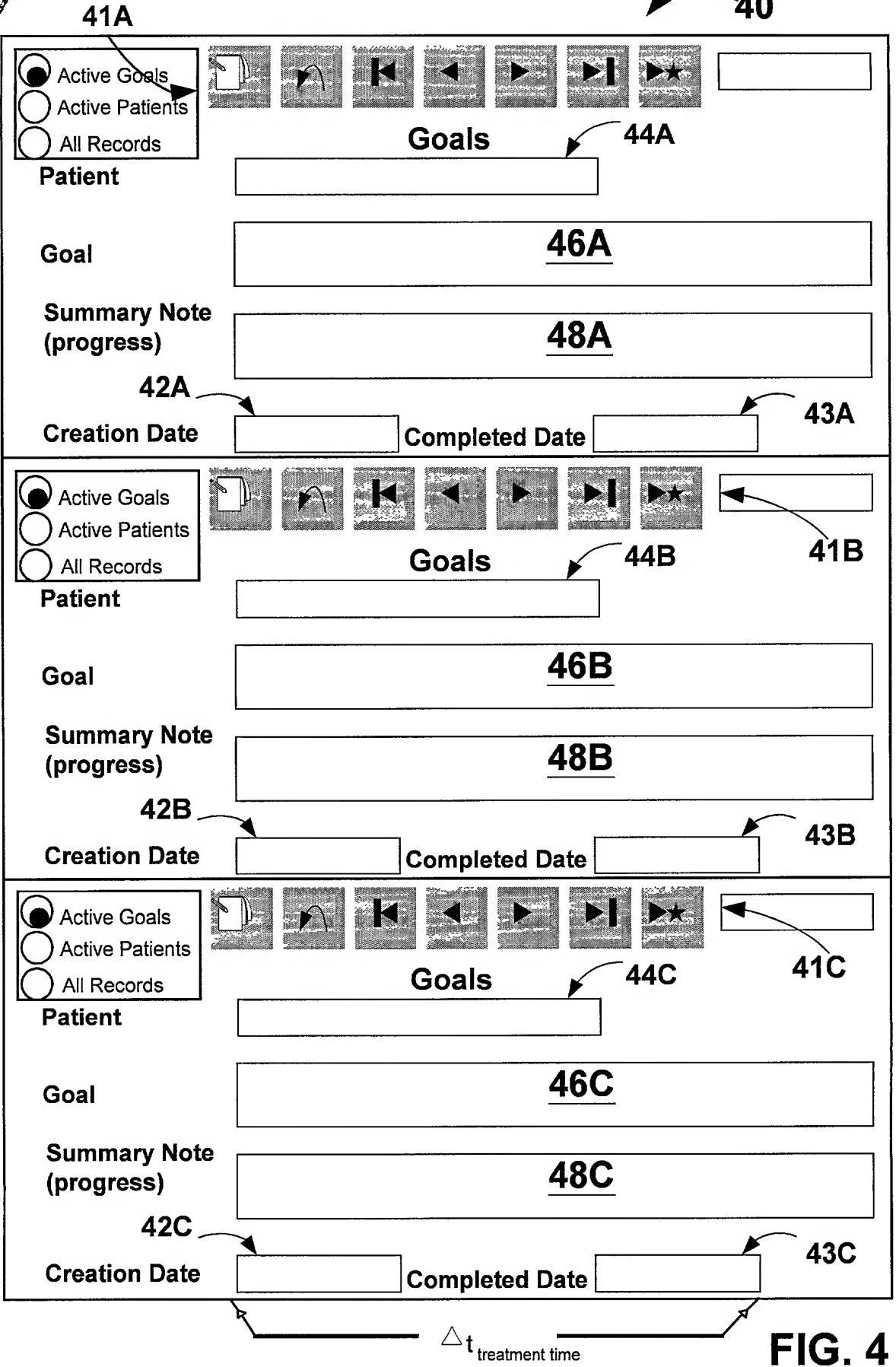
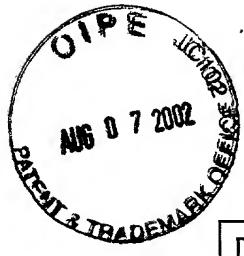


FIG. 4



51A

Active Patients All Records

Plans

Plan Date **52A**

Patient **54A**

Rehab Potential

Good
Fair
Poor

Plan

Implement next month's goals
 Re-evaluation
 Conference
 Equipment
 Discharge

56A

51B

Active Patients All Records

Plans

Plan Date **52B**

Patient **54B**

Rehab Potential

Good
Fair
Poor

Plan

Implement next month's goals
 Re-evaluation
 Conference
 Equipment
 Discharge

56B

FIG. 5



61A

All records

Evaluations

62A
Evaluation Date

64A
Patient

Achieve

65A
Therapist

69A
Test

66A
Tool

Test Position

Plane

67A
Note

Evaluations

68A

61B

All records

62B
Evaluation Date

64B
Patient

Achieve

65B
Therapist

69B
Test

66B
Tool

Test Position

Plane

67B
Note

Evaluations

68B

FIG. 6

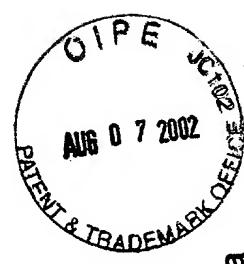


FIG. 7A

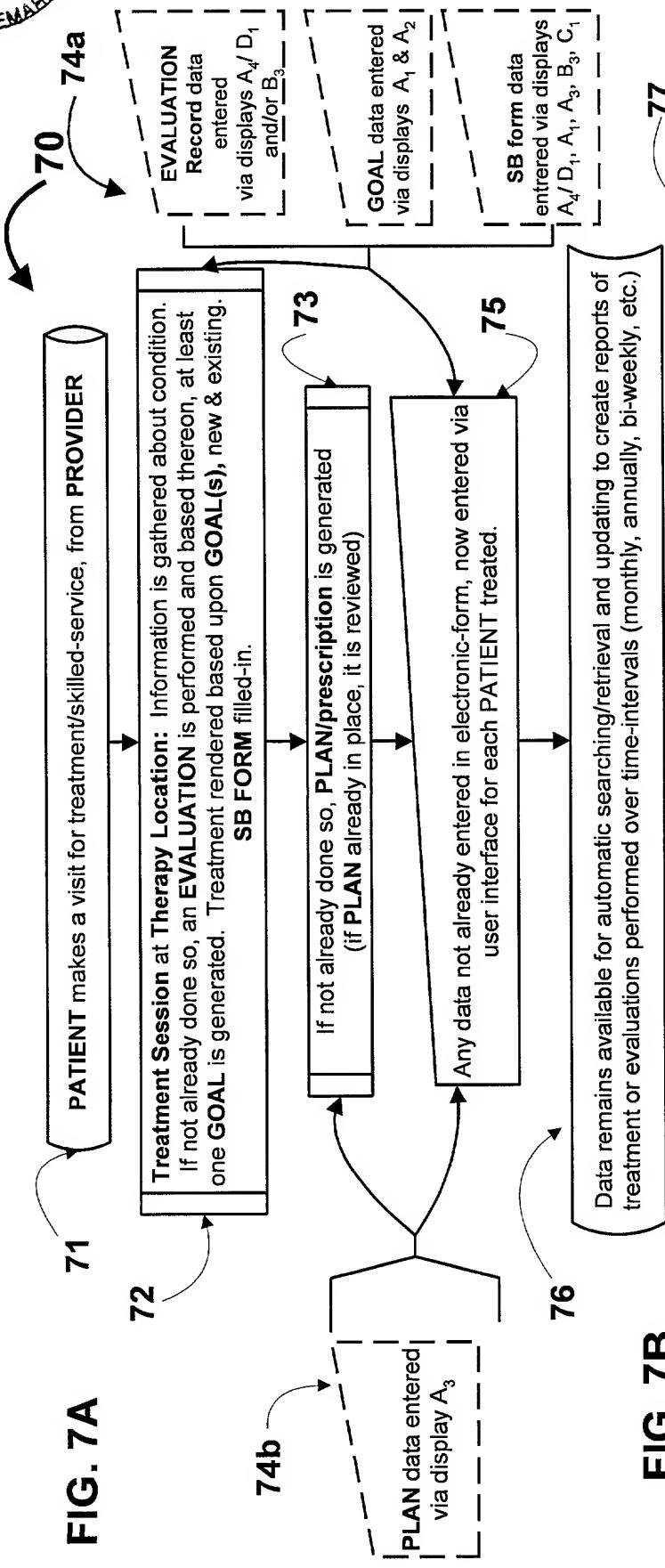


FIG. 7B

